## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 10/579816 APPLICANT(S)

FILING DATE

## CLAIMS

ND.   DEP.   IND.   DEP.   IND.   DEP.   St.		AS	FILED	AFTER 1" AMENDMENT	AFTER  2 MAMENDMEN	T CLAIVIS	AS FILED	AFTER 1*AMENDMENT	AFTER
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